

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584354

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				0		
7				0		
8			1			
9				1		
10				2		
11				2		
12			1			
13			1			
14				1		
15				0		
16			1			
17				1		
18				2		
19				2		
20			1			
21				1		
22				1		
23			1			
24				1		
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49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	26	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						